

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Taxi Certificate

Eduardo Pena Castaneda dba Taxi Latino

RECEIVED

APR - 2 2009

ORS
T,T,W,W,W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-147-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Eduardo Castaneda

Telephone: 803-787-0029

Address: 1728 Decker Blvd
Columbia, SC 29206

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☒ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

RECEIVED Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

APR 02 2009

☐ Request

☐ Application - Class E Household Goods

PSC SC
DOCKETING DEPT.

☐ Exhibit

☐ Application - Class E Hazardous Waste

☐ Late-Filed Exhibit

☐ Application

☐ Letter

☐ Request for Extension to Comply with Order

☐ Proposed Order

☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded

☐ Publisher's Affidavit

☐ Request for Cancellation of Certificate

☐ Reservation Letter

☐ Request for Suspension

☐ Response

☐ Request for Reinstatement

☐ Return to Petition

☐ Request for Name Change on Certificate

☐ Other:

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100

- Fax # (803-896-5199)

RECEIVED

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ORS
T, T, W, W, W

CLASS C - TAXI

DATE April 1, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Eduardo Pena Castaneda

dba Taxi Latino

2. (a) Street Address of Applicant 1728 Decker Blvd.

Columbia SC 29206

- (b) Mailing address, if different from street address

- same -

- (c) Telephone Number 803 787 0029 SS No.

3. ~~If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)~~

4. ~~(a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.~~

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: April Year: 2009

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	5,000
Motor Vehicles-Net	12,000
Garage Equipment-Net	1,000
Machinery and Tools-Net	1,000
Supplies on Hand	500
Prepays and Other Assets	
Total Assets	19,500.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	19,500
Total Liabilities and Equity	19,500

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Richland

I, Eduardo P. Castaneda, owner
(Name of Applicant's Representative) (Title)

of Taxi Latino, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Columbia

This the 1st day of April, 2009

[Signature]
(Notary Public)

X [Signature]
(Signature of Applicant's Representative)

Commission Expires: 2014

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Taxi ~~Latino~~ Latino Eduardo Pena Castaneda dba

For the transportation of passengers as follows:

Area to be served: STATE WIDENumber of passengers: 7 passFares : 5.00 / mileDate April 1 2009Eduardo P Castaneda
Byowner
Title

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: April 1 2009

Eduardo P Castaneda
(Applicant) DBA

DBA

Latino Taxi

(Applicant's Representative)

owner

(Title)

INSURANCE QUOTE

The following insurance quote is for:

Taxi Latino
(Name of Motor Carrier)

1728 Parker Blvd., Columbia S.C. 29206
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$3,300.00 per Taxi

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only: 100,000 CSL

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

SO. United
(Insurance Company Name)

c/o 3 Star Brokers 158 N. Harbor City Blvd, Melbourne FL 32935
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-1-09
Date

[Signature]
(Authorized Insurance Company Representative)

Hipkins Insurance
2028 PLATT SPRINGS ROAD
WEST COLUMBIA, S. C. 29169
(803) 794-8246